

## **SUPPLEMENTAL APPLICATION DATA SHEET**

### **Application Information**

Application number::	<u>10/658.962</u>
Filing Date::	<u>September 8, 2003</u>
Application Type::	<u>Regular</u>
Subject Matter::	<u>Utility</u>
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	<u>No</u>
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title ::	EFFECT OF VITAMIN A GEL ON PARANASAL SINUS MUCOSAL REGENERATION
Attorney Docket Number::	49321-102
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	7
Small Entity?::	Yes
Petition included?::	No
Petition Type::	
Licensed U.S. Gov't Agency::	No
Contract or Grant No::	
Secrecy Order in Parent Appl.?::	No

## First Applicant Information

Applicant Authority Type::	<u>Inventor</u>
Primary Citizenship Country::	<u>US</u>
Status::	<u>Full Capacity</u>
Given Name::	Mendy
Middle Name::	S.
Family Name::	Maccabee
Name Suffix::	
City of Residence::	<u>Portland</u>
State or Province of Residence::	OR
Country of Residence::	US
Street of mailing address::	<u>3714 SW Vesta Street</u>
City of mailing address::	Portland
State or Province of mailing address::	OR
Country of mailing address::	US
Postal or Zip Code of mailing address::	<u>97219</u>

## Second Applicant Information

Applicant Authority Type::	<u>Inventor</u>
Primary Citizenship Country::	<u>US</u>
Status::	<u>Full Capacity</u>
Given Name::	Peter
Middle Name::	H.
Family Name::	Hwang
Name Suffix::	
City of Residence::	<u>Stanford</u>
State or Province of Residence::	<u>CA</u>

Country of Residence::	US
Street of mailing address::	<u>100 Mosher Way</u>
City of mailing address::	<u>Stanford</u>
State or Province of mailing address::	<u>CA</u>
Country of mailing address::	US
Postal or Zip Code of mailing address::	<u>94304</u>

### **Third Applicant Information**

Applicant Authority Type::	<u>Inventor</u>
Primary Citizenship Country::	<u>US</u>
Status::	<u>Full Capacity</u>
Given Name::	Dennis
Middle Name::	R.
Family Name::	Trune
Name Suffix::	
City of Residence::	<u>Tigard</u>
State or Province of Residence::	OR
Country of Residence::	US
Street of mailing address::	<u>11075 SW Cottonwood Lane</u>
City of mailing address::	<u>Tigard</u>
State or Province of mailing address::	OR
Country of mailing address::	US
Postal or Zip Code of mailing address::	<u>97223</u>

## Correspondence Information

Correspondence Customer Number:: **22504**  
Name::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::  
Phone number:: 206-757-8023  
Fax Number:: 206-757-7023  
E-Mail address:: barrydavison@dwt.com

## Representative Information

Representative Customer Number::		<b>22504</b>
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## Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
10/658,962	Non-provisional of	60/408,792	09/06/2002

## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::


### Assignee Information

Assignee name::	<u>Oregon Health &amp; Science University</u>
Street of mailing address::	<u>2525 SW First Avenue, Suite 120</u>
City of mailing address::	<u>Portland</u>
State or Province of mailing address::	<u>OR</u>
Country of mailing address::	<u>US</u>
Postal or Zip Code of mailing address::	<u>97201</u>